

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On July 22, 2003

TOWNSEND and TOWNSEND and CREW LLP

By: Jo Dallara



PATENT
Attorney Docket No.: 015280-377000US
Client Reference No.: E-286-98/0

*AD 28
5/25/03
7/25/03*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Douglas E. Brenneman, Catherine Y. Spong, Illana Gozes, Merav Bassan, Rachel Zamostiano

Application No.: 09/267,511

Filed: March 12, 1999

For: PREVENTION OF FETAL ALCOHOL SYNDROME AND NEURONAL CELL DEATH WITH ADNF POLYPEPTIDES

Examiner: Chernyshev, Olga N.

Art Unit: 1646

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

Douglas E. Brenneman, Catherine Y. Spong,
Illana Gozes, Merav Bassan, Rachel Zamostiano
Application No.: 09/267,511
Page 2

PATENT

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


Beth L. Kelly
Reg. No. 51,868

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
BLK:blk
60001566 v1



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Page

1

of

Complete if Known

Application Number	09/267,511
Filing Date	March 12, 1999
First Named Inventor	
Art Unit	1646
Examiner Name	Chernyshev, Olga N.
Attorney Docket Number	015280-377000US

U.S. PATENT DOCUMENTS

Examiner	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-			
	AB	US-			
	AC	US-			
	AD	US-			
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			
	AS	US-			
	AT	US-			

FOREIGN PATENT DOCUMENTS

Examiner Initials [*]	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)				
	AU						<input type="checkbox"/>
	AV						<input type="checkbox"/>
	AW						<input type="checkbox"/>
	AX						<input type="checkbox"/>
	AY						<input type="checkbox"/>
	AZ						<input type="checkbox"/>
	BA						<input type="checkbox"/>
	BB						<input type="checkbox"/>

Examiner Signature	Date Considered
--------------------	-----------------

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number



Substitute for form 1449/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Application Number	09/267,511
		Filing Date	March 12, 1999
		First Named Inventor	
		Art Unit	1646
		Examiner Name	Chernyshev, Olga N.
Page	2	of	Attorney Docket Number
		015280-377000US	

NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.		T ²
	BC	Spong et al., Prevention of fetal demise and growth restriction in a mouse model of fetal alcohol syndrome. <i>J Pharmacol Exp Ther.</i> ;297(2):774-9 (2001).		
	BD	Wilkemeyer et al., Differential effects of ethanol antagonism and neuroprotection in peptide fragment NAPVSIPQ prevention of ethanol-induced developmental toxicity <i>PNAS</i> 100: 8543-8548 (2003).		
	BE			
	BF			
	BG			
	BH			
	BI			
	BJ			
	BK			
	BL			
	BM			

Examiner Signature	Date Considered
--------------------	-----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

60001566 v1